



**TEXAS DEPARTMENT OF HEALTH
AUSTIN TEXAS
INTER-OFFICE**

TO: WIC Regional Directors
WIC Local Agency Directors

FROM: Barbara Keir, Director **(Original Signed)**
Division of Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: March 13, 2003

SUBJECT: March Breast Pump Order

It is now time to place your **March 2003** breast pump order. The pumps, ordered now, will be delivered to local agencies in **May and June 2003**. Order enough to supply your clinics through **September 2003**. To place your order for electric and manual breast pumps and collection kits please complete the attached order form and return by fax to **Amanda Hovis**, at **512/458-7609 no later than Friday, March 28, 2003**. Local agencies that do not complete and return the order form by March 28, 2003 will not receive pumps or kits.

As a reminder, the following chart shows the months you will be given the opportunity to place an order and the months the order will be delivered to your local agency.

Electric and Manual Breast Pump and Collection Kit Order and Delivery Schedule				
Order Months All local agencies will have the opportunity to order in:	September	December	March	June
Delivery Months Orders will be delivered to local agencies the following:	November and December	February and March	May and June	August and September

The next opportunity to re-order pumps will be June 2003, with delivery by the end of September. All local agencies will be notified of each opportunity to order by memo.

If you have question or need additional information about ordering breast pumps or collection kits, please contact Amanda Hovis, WIC Nutrition Education Consultant, Bureau of Nutrition Services, at 512/458-7111, extension 3411 or amanda.hovis@tdh.state.tx.us, or please contact Mary Van Eck, Manager, Nutrition Education and Breastfeeding, Bureau of Nutrition Services, at 512/458-7111, extension 3484 or mary.vaneck@tdh.state.tx.us.

Attachment

**Electric and Manual Breast Pump and Collection Kit Order Form
March 2003**

Local Agency Name: _____ **LA No.** _____

Ship to: _____
Address

City State ZIP code

I am requesting the following number of pumps:

Electric Pumps and Kits

_____ Hollister *Purely Yours* (single-user)

_____ Hollister *Elite* (multi-user)

_____ Boxes of 10 each, Hollister collection kits for *Elite* pump for a total of
_____ kits. (Number of boxes X 10)

Manual Pumps

_____ Boxes of 20 each, Hollister *One Hand* manual for a total of
_____ pumps. (Number of boxes X 20)

_____ Boxes of 2 each, Medela *Little Hearts* manual for a total of for a total of
_____ pumps. (Number of boxes X 2)

_____ Boxes of 20 each Medela *Spring Express* manual for a total of
_____ pumps. (Number of boxes X 20)

Signature WIC Breastfeeding Coordinator or WIC Director ()
Area Code Phone Number

Please fax your order to:
Amanda Hovis, at 512/458-7609, no later than Friday, March 28, 2003